EXHIBIT M Inmate File, Crew Drug Store Summary dated October 13, 2004



CREW DRUG STORE Patient: POWELL. DAVID

MAIN STREET

ROCKFORD AL 35136 ROCKFORD AL 35136 0000

Phone: 256-377-4960 DOB: 01/07/1957

Patient IRS/Insurance Summary For The Period 10/13/04 Thru 10/13/04. Rx Number Order.

Drug Name NDC Number Ry N/P Date PP Oty DS Doctor NABP DEA Price Tax Copay OLOFT 100MG TAB 00049491066 22005€ R01 10/13/04 C 14 14 WEAVER, R 0109404 BW2768022 51.09 .00 51.09 Total Rx's 1 Total Price 51.09 Patient Copay 51.09

Pharmacist signature: alm Nacholo Off (Tech) in Boxin



EXHIBIT N Inmate File, Crew Drug Store Summary dated November 1, 2004 through December 20, 2004

Phone: 286-277-4960

TREM DRUG STORE Fatient: POWELL DAVID

MAIN STREET

ROCKFORD AL 35135 ROCKFORD AL 35135 0000

002: 01/07/1957

Tatient IRS/Insu	randa Summar	y Fer T	h€ 5	eriod	11/01/0	: Thr	u 12/20/04.		Rx Num	ber Order.		
Onig Name	NOC Mumber	ð	E/F	Date	20 ()ty	DS Doctor	NABE	058	Price	Tax	Codey
CLOST 100MG TAB	00049491066 00049491066 00049411066 00093014901 58770617800 57083020110	22005£ 22005£ 222089 222135 222135	804 804 8 8 8	11/15/04 11/30/04 11/16/04 12/15/04 12/17/04		14 7 21 20	14 WEAVER, R 14 WEAVER, R 7 WEAVER, R 14 EARRETT, 10 BARRETT, 17 BARRETT,	0103404 0109404 0109404 0109404 01(9404	8W2768022 8W2768022 8W2768022 F03953991 F05959991 F05959991	51.03 28.88	.00	54.05 53.09 25.59 70.93 41.89 GENEFIC 25.09 GENEFIC 18.29
Total Ry	k [†] € 7	Totaj	j j	€.	291.03					Patient Copay		201.03

Phermacist signature: 2000 Nacholo Oglo (Tech)

Add Add

EXHIBIT O

Doctor Visit Form dated December 16, 2004

Coosa County Sheriff's Department **DOCTOR VISIT – RX FORM**

DATE 12 16 04	12
INMATE NAME David Poisseli	Al Kat
COMPLAINT Wed refil	
DOCTOR'S NAME James	Di K
. ,/	
NUMBER OF PRESCRIPTIONS 4	^
	Jan 1988
DiO - DA	
PriCare, P.A. BARR∟₁T,AMY,R:CRNP DEA No 2087 ASC:	
P.O.BOX 789, ALEXANDER CITY, AL, 35011-0000 Phone: (256)2 34-4131 , Fax: (256)234-9979	
Patient: Danial Powell CCIN	
DOB: 2/13/1957 Address:Po Box 10 Attn: Donna, ROCKFORD, AL 35136	
Date: 12/16/2004	
Dispense: Zoloft 150 mg, sig: 1 tab, Daily, 30 tab, 2 Refill(s).	211/4)
Dispense: Albuterol-MDI 90 mcg, sig: 2 puffs, Q 4 Hrs prn, 1 MDI, 2 Ref Dispense: Naprosyn 500 mg, sig: 1 tab, BID take with food, 20 tab, 1 Re	
Disp: Pen Vee K 500 mg, T. tab po QID X	7 days
#28	ONFINS.
AROMOH COMO WAGE	
Dispense As Written [] HEAULT CRNP NKB. +1908	1.
Dispense As Written 1989	Product Selection Permitted
	•

EXHIBIT P Inmate File, Crew Drug Store Summary dated December 28, 2004

200 Agholo QG (Tech)

Latmy J. Thomas

W

EXHIBIT Q Inmate File, Crew Drug Store Summary dated January 18, 2005

CREW DRUG STORE Patient: POWELL, DAVID

MAIN STREET

#0CKFORD AL 35136 ROCKFORD AL 35136 0000 Phone: 256-377-4960 DOB: 01/07/1957

Patient IRS/Insurance Summary For The Period 1/18/05 Thru 1/18/05. Rx Number Order. Drug Name NDC Number Rx N/R Date PP Oty DS Doctor NABP DEA Price Tax Copay TLOFT 100MG TAB 00049491066 222085 R02 01/18/05 C 3 14 BARRETT, 0109404 FC9999991 11.39 .00 11.39 Total Rx's 1 Total Price 11.39 Patient Copay 11.39

Pharmacist signature: 2000 Macholo Ogle (Tech)

EXHIBIT R Inmate File, Crew Drug Store Summary dated January 24, 2005

AIN STREET

REW DRUG STORE Patient: POWELL, DAVID

OCKFORD AL 35136

ROCKFORD AL 35136 0000

hone: 256-377-4980

00E: 01/07/1957

atient IRS/Insurance Summary For The Period 1/24/05 Thru 1/24/05. Rx Number Order.

Oruș Name NGC Aumber Rx N/R Gate PP Otv OS Doctor NAEP DEA Price Tax Copay LOFT 100MG TAB 00049491056 323041 N 01/24/05 C 14 14 JAMES. WA 0109404 AJ7412101 33.69 .00 53.69 Total Price 1 Total Price 52.69 Patient Copav 53.69

Pharmacist signature: Lova Macholi Cale (Tech)

1-24-05

EXHIBIT S Inmate File, Doctor Visit Form dated May 25, 2005

Coosa County Sheriff's Department

DOCTOR VISIT - RX FORM

DOCTOR VISIT - RA FORM	
DATE OS 25/05 INMATE NAME DAVID POWELL COMPLAINT Variation of a contraction of the cont	
COMPLAINT Head ache & Les Pain	
DOCTOR'S NAME Roach	
NUMBER OF PRESCRIPTIONS	
	_
PriCare, P.A. ROÁCH,MAINTIN,G:D.O. DEA No BR1545663 ASC 0: P.O.BOX 789, ALEXANDER CITY, AL, 35011-0000 Phone: (256)234-4131 Fax: (256)234-9979	
Patient: David Powell CCIN DOB: 1/7/1957	
Address:Po Box 10 Attn: Donna, ROCKFORD, AL 35136 Date: 5/25/2005	
Dispense: Naprosyn 500 mg, sig: 1 tab, BID take with food prn pain, 30 tab, 1 Refill(s).	

Clinical Record No: 204446 Prescription No: 61148

Product Selection Permitted

EXHIBIT T Inmate File, Crew Drug Store Summary dated May 26, 2005

CREW DRUG STORE Fatient: POWELL, DAVID

MAIN STREET
ROCKFORD #L 35136 ROCKFORD AL 35136 C000
DDB: 01/07/1957

Patient IRS/Insurance Summary For The Period 5/26/05 Thru 5/26/05. Rx Number Order.

Drug Name MDC Mumber Rx M/R Date PP Qty DS Doctor NABP DEA Price Tax Copay

APROXEM 500MG TA 00093014901 226377 N 05/26/05 C 30 15 ROACH, MA 0109404 BR1545653 62.79 .00 62.79 GENERIC

Total Rx's 1 Total Price 52.79 Patient Copay 62.79

Pharmacist signature: Deri Nacholo Ogle (Tech)

AAA

Br



EXHIBIT U Inmate File, Doctor Visit Form dated June 2, 2005

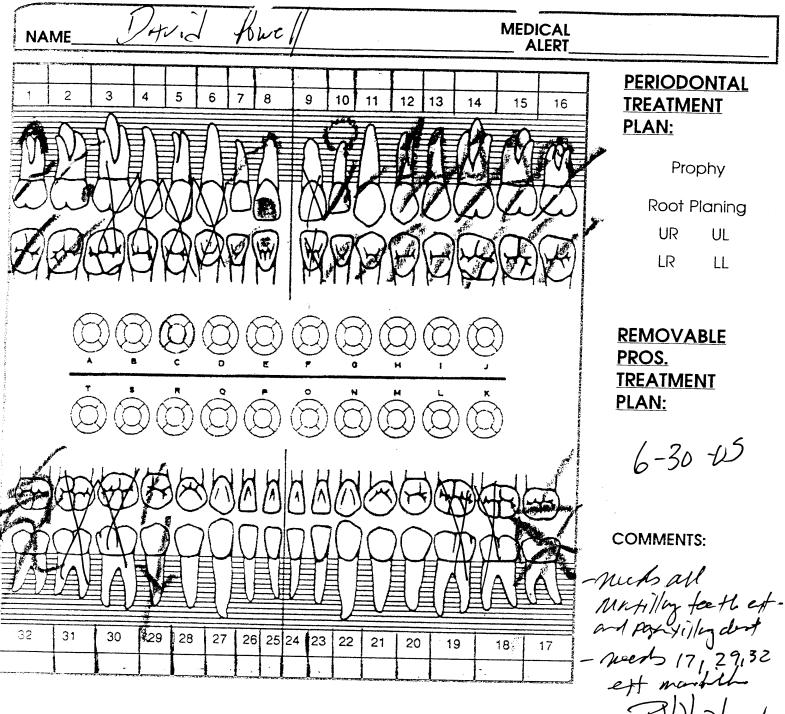
Coosa County Sheriff's Department

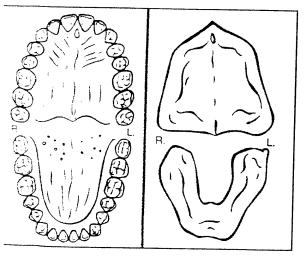
DOCTOR VISIT – RX FORM

DATE 6-2-05	
INMATE NAME DOUD POWE!	
complaint Tooth och DenTist	
DOCTOR'S NAME 4/ 11 07010	
DOCTOR'S NAME Hampton NUMBER OF PRESCRIPTIONS /	

EXHIBIT V Inmate File, Initial Examination Form

INITIAL EXAMINATION





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Chief Complaint			
General Condition of	Periodontium (,	D557	
General Condition of	Teeth: SI M.	SV	<i>(</i> .)
Plaque	Bleeding		
<u>Calculus</u>	Recession		
General Condition of	Oral Soft Tissue (40	
Floor of Mouth	Lymph Nodes	Lips	
Tongue	Salivary Glands	TMJ	
<u>Palate</u>	Cheeks	Frenum	<u>1</u>
			1

PHYSICAL & ORAL FXA

EXHIBIT W Inmate File, Crew Drug Store Summary dated June 2, 2005

CREW DRUG STORE Patient: POWELL, DAVID

MAIN STREET
ROCKFORD AL 35136 FOCKFORD AL 35136 0000

DOB: 01/07/1957

Patient IRS/Insu	rance Summar	y For Th	ie Pi	eriod	8/02/	'05 Th	ru	6/02/05.		Rx Numb	er Order.			
Drug Name	NDC Number	Ях	N/R	Date	рþ	Qty	DS	Doctor	NABP	DEA	Price	Tax	Сорау	
-CODON/APAP 7.5/ MOXICILLIN 250MG	00603388221 55370088407	226500 226501	N N	06/02/05 06/02/05	C C			FOXWORTH,		BF2724373 BF2724373	10.59 12.69	.00		GENERIC GENERIC
Total Rx	: s 2	Total	Pri	C 9	23.	28					Patient Cop	à y	23.28	

Pharmacist signature: 200 Nachalo Off (78ch)



EXHIBIT X Inmate File, Crew Drug Store Summary dated June 30, 2005

CREW DRUG STORE

Patient: POWELL, DAVID

MAIN STREET ROCKFORD

AL 35136

ROCKFORD AL 35136 0000

Phone: 256-377-4960

DOB: 01/07/1957

Patient IRS/Insurance Summary For The Period 6/30/05 Thru 6/30/05. Rx Number Order.

Drug Name NDC Number Rx N/R Date PP Qty DS Doctor NABP DEA Price Tax Copay

H-CODONE/APAP 7.5 00603388228 227179 N 06/30/05 C 15 4 FOXWORTH, 0109404 BF2724373 13.99 .00

13.99

Total Rx's 1 Total Price 13.99

Patient Copay 13.99

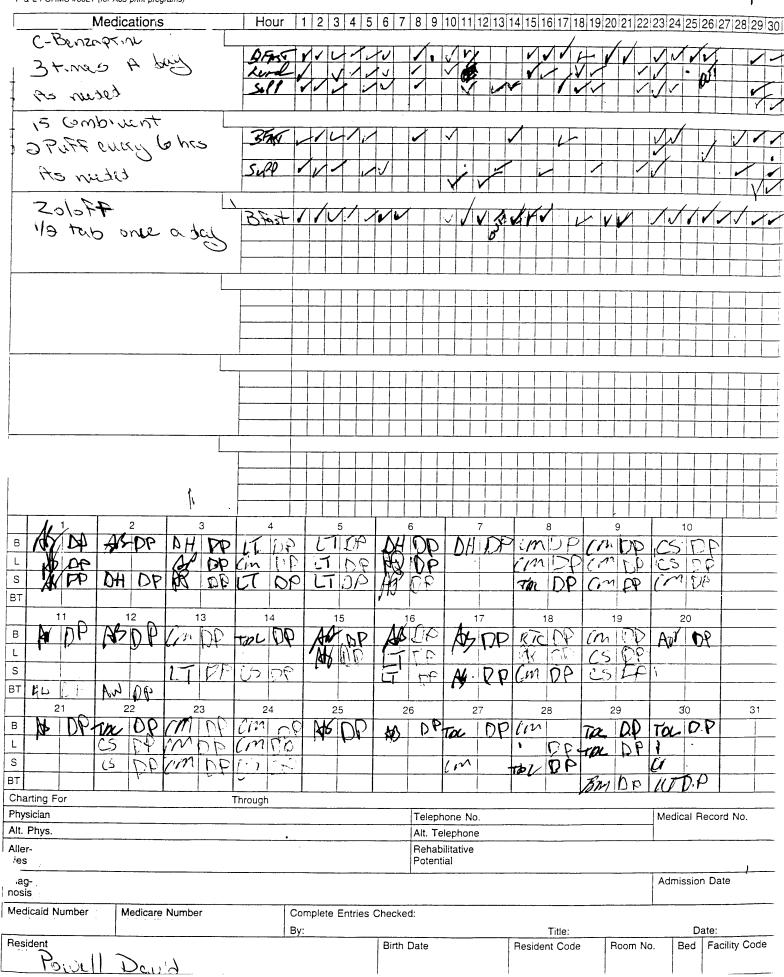
Pharmacist signature:

Deni Nachole Ogle (Tech)

EXHIBIT Y Medication Administration Record

Medication Sheet - Admin. Tration Record

P & L FORMS #3021 (for A03 print programs)



$Medication \ Sheet - Admin \ \text{_..} \\ \text{Ration } Record$

P & L FORMS #3021 (for A03 print programs)

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Case 2:05-cv-00544-WKW-DRB Document 12-3 Filed 08/15/2005 Page 28 of 37

EDICATION SHEET - ADMINIST TION RECORD

L FORMS #3021 (for A03 print programs) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 3 Medications 20/0FT Pen VK Sounge I tab YXday Naproxen soons I tab in/food 2 puffs wery 4 hres. as needed PLRY LT OR TOLDR MODE TICOP В S вт 11 13 14 15 В L S вт Charting For Through Medical Record No. Physician Telephone No. Alt. Phys. Alt. Telephone Rehabilitative Aller-**Potential** Admission Date nosis Complete Entries Checked: Medicaid Number Medicare Number Date: Title: By: Bed | Facility Code Room No. Resident Code Resident Birth Date Towill ુઋદ

Case 2:05-cv-00544-WKW-DRB Document 12-3 Filed 08/15/2005 Page 29 of 37 IEDICATION SHEET - ADMINISTRALION RECORD

L FORMS #3021 (for A03 print programs) Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 3 Medications Zoloff 100mg 1 time drily

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Case 2:05-cv-00544-WKW-DRB Document 12-3 Filed 08/15/2005 Page 30 of 37 MEDICATION SHEET - ADMINISTE. ION RECORD

P & L FORMS #3021 (for A03 print programs)

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MEDICATION SHEET - ADMINI RATION RECORD

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Medication Sheet - Admini Ration Record

P & L FORMS #3021 (for A03 print programs)

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EXHIBIT Z Inmate File, Inmate Request Form dated June 22, 2005

INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION
NAME: DAVID POWELL CELL: C 104
DATE: JUNE / 22/05 TIME: //36 AM
Please check one of the following:
MedicalCommissaryGrievanceOther
Briefly state your request or list your commissary items below" I ASK TO SEE A NOCTOR OVER A MONTH AGO. ABOUT THE NUMBURES & PHIN IN: MY ARM Simulder & NECK. I ASK TO SEE A DENTISE ATSO which Limself Said That # I NEED TO COME BACK TO EXEACTION OTHER TREETING, T BASK TO SEE A NOCTOR FOR MY AND AEPRENSION MEDICATION.
Inmate's signature Kamiel Roull
Do not write below—for reply only
DU WERE TAKEN TO DENTIST 6/2/05 AND WILL RETURN JFOR ADDITIONAL EXTRACTIONS
YOU WERE TAKEN TO THE DOCTOR 5/25/05 - AT THAT TIME THE OR. DID NOT FIND REASON TO PRESCRIBE ANTIDEPRESSANTS.

Signature of Jail Officer receiving original request:

) (a) 22 (05)

EXHIBIT AA Inmate File, Disciplinary Report

COOSA COUNTY JAIL DISCIPLINARY REPORT

NAME OF INMATE: Lavid Josell
DATE OF OCCURRENCE: 5/15/05
JAILER ON DUTY: Col Standley
INCIDENT: My foull stated the was going
To surn over the Mother ducking Lunch
CAST - The has not lit list
DAMAGE TO PROPERTY (LIST ITEMS AND APPROX. VALUE)
OFFICER: Col Sacal
APPROVED BY: LT.WILSON SGT. ROBERSON
ACTION TAKEN: Shas in Holdy'